

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007000

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

868

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in lb

2 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

QUEEN OF THE WORLD

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

3526 Benton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

SHERRY

ANN

SHANNON

4. DATE OF DEATH

Month

Day

Year

2-7-63

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-28-62

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

2 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

K.C. MISSOURI

USA

13a. FATHER'S NAME

JOHN SHANNON

13b. MOTHER'S MAIDEN NAME

MARIE BELL

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John Shannon, K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia
Bronchiolitis

INTERVAL BETWEEN ONSET AND DEATH

6 days
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chondrodysplasia - Ventricular Septal Defect

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-1-63

to 2-7-63

and last saw her alive on 2-7-63

Death occurred at

6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L.N. Bass M.D.

22b. ADDRESS

2849 Indiana KC Mo

22c. DATE SIGNED

2-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-9-1963

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn Cem.

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Meek's Mortuary, K. C., Mo.

25. DATE RECD. BY LOCAL REG.

2-8-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. N. Bass

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.